

# **AGENCY STRATEGIC PLAN**

**FOR THE FISCAL YEARS**

**2005 - 2009**



**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL SERVICES**

**FUNCTIONAL AREA: HEALTH & HUMAN SERVICES**

# **AGENCY STRATEGIC PLAN APPROVAL FORM**

**FOR THE FISCAL YEARS**

**2005 - 2009**

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**Division of Medical Services**

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<b>Agency Name</b>	DHS – Division of Medical Services
<b>Agency Mission Statement:</b> To ensure that high quality and accessible health services are provided to citizens of our state eligible for Medicaid, nursing home care and qualified children with special health care needs.	

## **AGENCY GOAL 1:**

To provide administrative support for the Division of Medical Services.

## **AGENCY GOAL 2:**

To provide quality health care services to enrolled participants in Division of Medical Services programs and to increase awareness and improve access to Division of Medical Services services.

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Agency Name		DHS Division of Medical Services
Program		Administration
Program Authorization		ACA 25-10-102 et seq.;42 CFR, State Operations Manual
Program Definition		The Division of Medical Services primary responsibility is the management of the Arkansas Medicaid Program. The organizational units of the Division include: <div><div>1) Medical Services – This Office includes the Prescription Drug Program, Utilization Review, Medical Assistance and Field Audit.</div><div>2) Long Term Care – The role of the Office of Long Term Care is to license and certify LTC facilities and staff in compliance with state and/or federal regulations and to perform complaint investigations and medical need determinations.</div><div>3) Administrative Support Services – This Office is responsible for budgeting, expenditure monitoring &amp; evaluation, personnel management, contracts, managing the Medicaid Management Information System, institutional and non-institutional reimbursement, and Third Party Liability.</div><div>4) Director’s Office – This office is responsible for the short and long range planning for DMS programs, processing Medicaid State Plan amendments and policy development.</div></div>
Program Funds-Center Code: <u>0710P59</u>		
AGENCY GOAL(S) #	1	
Anticipated Funding Sources for the Program		General Revenue, Federal Funds, Other Funds

## GOAL 1:

To provide administrative support for the Division of Medical Services.

### **OBJECTIVE 1: (Sub-Funds Center Code to be assigned by DFA – Accounting)**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

### **STRATEGY 1:**

Provide administrative support, short and long range planning for DMS programs. Process State Plan amendments, update and maintain provider manuals and other policy development and to provide technical support to

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DMS programs including systems support, institutional and non-institutional reimbursement, third party liability, and general financial activities.

## **OBJECTIVE 2:**

To provide quality an accurate DMS Management Information Systems platform, information technology, and support services to maximize system accessibility for DMS staff and providers.

### **STRATEGY 1:**

To provide timely processing of valid claims, to continue using a federally approved Medicaid Management Information System and to comply with federal HIPAA regulations.

## **OBJECTIVE 3:**

To continue to implement Utilization Review and Field Audit Activities to insure compliance with federal and state regulations and policy, monitor the quality of services delivered, authorize necessary medical services, and identify possible fraud and abuse.

### **STRATEGY 1:**

Provide technical support to the DMS programs by performing prior authorizations, enrollment, provider communications, utilization review, pharmacy support, dental, visual, and field audit.

## **OBJECTIVE 4:**

To ensure that the health and safety of the public is promoted and safeguarded through proper licensing, certification and oversight of Long-Term Care facilities.

### **STRATEGY 1:**

Provide administrative support to the Long Term Care Programs (LTC) to include performing licensure and certification of LTC facilities and staff, complaint investigations, medical need determinations.

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<b>Agency Name</b>	DHS – Division of Medical Services
<b>Program</b>	Administration

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Number of Prior year audit findings repeated in subsequent audit. <i>Goal 1, Objective 1</i>	Audit Report	0	0	0	0	0
Recipient participation as a percentage of the total Medicaid program enrollees <i>Goal 1, Objective 3</i>	Use of Decision Support System (DSS) to compare # of recipients	80%	81%	82%	83%	85%
Consumer satisfaction rate per biannual survey <i>Goal 1, Objective 1</i>	Use of Consumer Assessment Health Plans Survey (CAHPS) completed every two years	90%		90%		90%
Percent of counties with Primary Care Physician (PCP) to provide services to enrollees. <i>Goal 1, Objective 3</i>	Use of PCP report	100%	100%	100%	100%	100%
Continued Federal Approval <i>Goal 1, Objective 1</i>	Federal Grant Award	Yes	Yes	Yes	Yes	Yes
Continued Federal Approval of the MMIS <i>Goal 1, Objective 2</i>	Federal Approval	Yes	Yes	Yes	Yes	Yes
Percentage of prior approvals completed for program services requiring prior approval. <i>Goal 1, Objective 3</i>	Use of reports of prior approvals/denials.	100%	100%	100%	100%	100%

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<b>Agency Name</b>	DHS – Division of Medical Services
<b>Program</b>	Administration

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Program savings including identification of overpayments and cost avoidance as a % of the costs of utilization review and TPL activities <i>Goal 1, Objective 1</i>	Cost Avoidance Reports, overpayment reports and collections.	100%	100%	100%	100%	100%
Percentage of LTC Facilities Surveyed annually in accordance with regulations compared to total LTC facilities <i>Goal 1, Objective 4</i>	Use of Long Term Care (LTC) data base report by facility type, facilities surveyed	80%	82%	83%	84%	85%
Percentage of LTC Complaints Investigated within regulatory timeframes compared to total complaints <i>Goal 1, Objective 4</i>	Use of LTC data base report for complaints by facility type.	90%	90%	91%	91%	92%
Percentage of agency performance measures met <i>Goal 1, Objective 1</i>	Performance Management Report	90%	90%	90%	90%	90%
Percentage of agency staff and budget in the Administration Program compared to total agency positions and budget <i>Goal 1, Objective 1</i>	Department Budget	4%/19% with contract & 4% w/o contracts	4%/19% with contract & 4% w/o contracts	4%/19% with contract & 4% w/o contracts	4%/19% with contract & 4% w/o contracts	4%/19% with contract & 4% w/o contracts
Number of agency proprietary systems maintained by agency staff or maintained through contractual services <i>Goal 1, Objective 2</i>	Internal Reports	1	1	1	1	1
Agency information technology budget as a percent of total agency budget <i>Goal 1, Objective 2</i>	IT Budget	55%	55%	55%	55%	55%



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Agency Name		DHS Division of Medical Services
Program		Prescription Drugs
Program Authorization		Title XIX, Title XXI, 42 CFR
Program Definition:		The Prescription Drug Program is an optional Medicaid Benefit. The program allows eligible recipients to obtain prescription medication through participating pharmacies in Arkansas.
Program Funds-Center Code: 0710P60		
AGENCY GOAL(S) #	2	
Anticipated Funding Sources for the Program:		General Revenue, Federal Funds, Other Funds.

## GOAL 1:

To provide quality health care services to enrolled participants in DMS programs and to increase awareness and improve access to DMS services.

### OBJECTIVE 1: (Sub-Funds Center Code to be assigned by DFA – Accounting)

To provide eligible recipients in the prescription Drug Program with necessary prescriptions while assuring improved pharmaceutical cost controls measures.

#### STRATEGY 1:

To continue to maximize the collections from drug rebate agreements and to explore, develop, and evaluate new and better ways to address the costs of prescription drugs including the dispensing of generic drugs.

### OBJECTIVE 2:

To provide eligible recipients in the ARKids First Program with necessary prescriptions while assuring improved pharmaceutical cost controls measures.

#### STRATEGY 1:

To continue to maximize the collections from drug rebate agreements and to explore, develop, and evaluate new and better ways to address the costs of prescription drugs including the dispensing of generic drugs.

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## **OBJECTIVE 3:**

To provide eligible recipients under the prescription drug waiver for the elderly with necessary prescriptions while assuring improved pharmaceutical cost controls measures.

## **STRATEGY 1:**

To continue to maximize the collections from drug rebate agreements and to explore, develop, and evaluate new and better ways to address the costs of prescription drugs including the dispensing of generic drugs.

# STRATEGIC PLAN

<b>Agency Name</b>	DHS Division of Medical Services
<b>Program</b>	Prescription Drugs

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Percentage of Recipients receiving medically necessary prescriptions. <i>Goal 1, Objective 1,2,3</i>	Use of Decision Support System (DSS) to obtain geographic information regarding recipients	100%	100%	100%	100%	100%
Percentage of Drug Rebates compared to total prescription drug expenditures <i>Goal 1, Objective 1,2,3</i>	Drug Rebate and expenditure reports	18%	18%	19%	19%	19%
Percentage of prescription drugs filled with generic drugs. <i>Goal 1, Objective 1,2,3</i>	DSS	48%	49%	50%	52%	54%

# STRATEGIC PLAN

Agency Name		DHS Division of Medical Services
Program		Long Term Care
Program Authorization		Title XIX, Title XXI, 42 CFR
Program Definition		Private Nursing Home, Public Nursing Home, Intermediate Care Facilities for the Mentally Retarded and Infant Infirmaries
Program Funds-Center Code: 0710P61		
AGENCY GOAL(S) #	2	
Anticipated Funding Sources for the Program:		General Revenue, Federal Funds, Other Funds.

## GOAL 1:

To provide quality health care services to enrolled participants in DMS programs and to increase awareness and improve access to DMS services.

### **OBJECTIVE 1: (Sub-Funds Center Code to be assigned by DFA – Accounting)**

To provide appropriate Medicaid reimbursement for residents of Public Nursing Home facilities (state facilities).

#### **STRATEGY 1:**

Provide Nursing Facility services to eligible recipients.

### **OBJECTIVE 2:**

To provide appropriate Medicaid reimbursement for residents of Private Nursing Home facilities.

#### **STRATEGY 1:**

Provide Nursing Facility services to eligible recipients.

### **OBJECTIVE 3:**

To provide appropriate Medicaid reimbursement for residents of Intermediate Care Facilities for The Mentally Retarded and Infant Infirmaries.

#### **STRATEGY 1:**

Provide Nursing Facility services to eligible recipients.

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<b>Agency Name</b>	DHS Division of Medical Services
<b>Program</b>	Long Term Care

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Average Monthly recipient Caseload. <ul style="list-style-type: none"> <li>• Public Nursing Homes (state facilities) <i>Goal 1, Objective 1</i></li> <li>• Private Nursing Homes <i>Goal 1, Objective 2</i></li> <li>• ICF/MR <i>Goal 1, Objective 3</i></li> </ul>	Use of Decision Support System (DSS) to obtain geographic information regarding recipients	1,660	1,660	1,660	1,660	1,660
		20,149	20,262	20,376	20,491	20,606
		575	575	575	575	575
Average Monthly cost per Medicaid eligible client <ul style="list-style-type: none"> <li>• Public Nursing Homes <i>Goal 1, Objective 1</i></li> <li>• Private Nursing Homes <i>Goal 1, Objective 2</i></li> <li>• ICF/MR <i>Goal 1, Objective 3</i></li> </ul>	Use of Decision Support System (DSS) to obtain geographic information regarding recipients	6,299	6,482	6,670	6,863	7062
		2,023	2,102	2,190	2,265	2,343
		5,200	5,351	5,506	5,665	5,830

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Agency Name		DHS Division of Medical Services
Program		Hospital/Medical Services
Program Authorization		Title XIX, Title XXI, 42 CFR
Program Definition:  Program Funds-Center Code: <u>0710P62</u>		Hospital/Medical Services program consists of many services including inpatient and outpatient hospital, community mental health centers, community health centers, rural health clinics, home health, private duty nursing, personal care, hospice, practitioners such as physicians, dentists, audiologist, psychologist, speech, occupational and physical therapists, maternity clinics, family planning, laboratory and x-ray services, case management, transportation and early and periodic screening diagnosis and treatment and several optional waiver services.
AGENCY GOAL(S) #	2	
Anticipated Funding Sources for the Program:		General Revenue, Federal Funds, Other Funds.

## GOAL 1:

To provide quality health care services to enrolled participants in DMS programs and to increase awareness and improve access to DMS services.

### **OBJECTIVE 1: (Sub-Funds Center Code to be assigned by DFA – Accounting)**

To improve access to Inpatient Hospital services for Arkansas Medicaid eligibles and to continue to explore, develop and evaluate options for providing health care in the least restrictive environment.

#### **STRATEGY 1:**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

### **OBJECTIVE 2:**

To improve access to Mental Health services for Arkansas Medicaid eligibles and to continue to explore, develop and evaluate options for providing health care in the least restrictive environment.

#### **STRATEGY 1:**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

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## **OBJECTIVE 3:**

To improve access to Outpatient Hospital services for Arkansas Medicaid eligibles and to continue to explore, develop and evaluate options for providing health care in the least restrictive environment.

### **STRATEGY 1:**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

## **OBJECTIVE 4:**

To improve access to Other Care Services for Arkansas Medicaid eligibles and to continue to explore, develop and evaluate options for providing health care in the least restrictive environment.

### **STRATEGY 1:**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

## **OBJECTIVE 5:**

To improve access to Waiver services for Arkansas Medicaid eligibles and to continue to explore, develop and evaluate options for providing health care in the least restrictive environment.

### **STRATEGY 1:**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

## **OBJECTIVE 6:**

To provide eligible recipients in the ARKids First B and SCHIP Program with access to health care services and to continue to explore, develop and evaluate options for providing health care in the least restrictive environment.

### **STRATEGY 1:**

To provide administrative services necessary to effectively carry out the State Medicaid Plan including planning, policy development and fiscal administration.

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<b>Agency Name</b>	DHS Division of Medical Services
<b>Program</b>	Hospital/Medical Services

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Percentage of Medicaid eligible participants enrolled in the Arkansas ConnectCare Managed Care Program <i>Goal 1, Objective 1,2,3,4,5,6</i>	Use of Decision Support System (DSS) to obtain PCP information regarding recipients	100%	100%	100%	100%	100%
Participation as a percentage of program budget <i>Goal 1, Objective 1,2,3,4,5,6</i>	Use of weekly Staff Report to compare budget to actual for each service category	100%	100%	100%	100%	100%
Continued federal state plan approval. <i>Goal 1, Objective 1,2,3,4,5,6</i>	Federal Approval	Yes	Yes	Yes	Yes	Yes
Continued access to the ConnectCare primary care network of 1800 providers enrolled in the Medicaid Program <i>Goal 1, Objective 1,2,3,4,5,6</i>	Use of the MMIS to obtain PCP information	100%	100%	100%	100%	100%
Percentage of rates set according to the reimbursement methodology in the federally approved Medicaid State Plan <i>Goal 1, Objective 1,2,3,4,5,6</i>	Use of State Plan	100%	100%	100%	100%	100%
Recipients served by Home and Community Based Waivers <i>Goal 1, Objective 5</i>	Use of DSS	14,446	15,131	15,884	16,712	17,623



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<b>Agency Name</b>	DHS Division of Medical Services
<b>Program</b>	Hospital/Medical Services

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Percent of Program Eligibles receiving Inpatient Hospital Services <i>Goal 1, Objective 1</i>	Use of DSS	16%	16%	16%	16%	16%
Percent of Program Eligibles receiving Mental Health Services <i>Goal 1, Objective 2</i>	Use of DSS	13%	13.25%	13.5%	14%	14.5
Percent of Program Eligibles receiving Outpatient Hospital Services <i>Goal 1, Objective 3</i>	Use of DSS	38.75%	39%	39.5%	40%	40.25%
Percent of Program Eligibles receiving Other Care Services <i>Goal 1, Objective 4</i>	Use of DSS	74%	74%	74%	74%	74%
Percent of ARKids First B and SCHIP Program Eligibles receiving Services <i>Goal 1, Objective 6</i>	Use of DSS	88%	88%	88%	88%	88%

# STRATEGIC PLAN

<b>Agency Name</b>		DHS Division of Medical Services
<b>Program</b>		Tobacco Settlement Medicaid Expansion Program
<b>Program Authorization</b>		Title XIX, Title XXI, 42 CFR
<b>Program Definition:</b>		Tobacco Settlement Medicaid Expansion Program established by Initiated Act 1 of 2000.
<b>Program Funds-Center Code:</b> <u>0710P63</u>		
<b>AGENCY GOAL(S) #</b>	2	
<b>Anticipated Funding Sources for the Program:</b>		General Revenue, Federal Funds, Other Funds.

## GOAL 1:

To provide quality health care services to enrolled participants in DMS programs and to increase awareness and improve access to DMS services.

### **OBJECTIVE 1: (Sub-Funds Center Code to be assigned by DFA – Accounting)**

To provide expanded Medicaid coverage and benefits to pregnant women.

#### **STRATEGY 1:**

Provide access to services and maintain federal approval of the state plan.

### **OBJECTIVE 2:**

To provide expanded inpatient hospital benefits to adults aged nineteen (19) to sixty-four (64).

#### **STRATEGY 1:**

Provide access to services and maintain federal approval of the state plan.

### **OBJECTIVE 3:**

To provide expanded coverage and benefits to adults aged sixty-five (65) and over.

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## **STRATEGY 1:**

Provide access to services and maintain federal approval of the state plan.

## **OBJECTIVE 4:**

To create and provide a limited benefit package of Medicaid coverage and benefits to adults aged nineteen (19) to sixty-four (64).

## **STRATEGY 1:**

Provide access to services and maintain federal approval of the state plan.

# STRATEGIC PLAN

<b>Agency Name</b>	DHS Division of Medical Services
<b>Program</b>	Tobacco Settlement Medicaid Expansion Program

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Unduplicated number of pregnant women receiving services provided under the Tobacco Settlement <i>Goal 1, Objective 1</i>	Use of Decision Support System (DSS) to obtain information regarding recipients	2,100	2,150	2,200	2,250	2,300
Unduplicated number of adults receiving expanded inpatient services provided under the Tobacco Settlement <i>Goal 1, Objective 2</i>	Use of Decision Support System (DSS) to obtain information regarding recipients	45,000	45,000	45,000	45,000	45,000
Unduplicated number of adults aged 65 and over receiving expanded services provided under the Tobacco Settlement <i>Goal 1, Objective 3</i>	Use of Decision Support System (DSS) to obtain information regarding recipients	3,000	3,500	4,000	4,500	5,000
Continued federal state plan approval. <i>Goal 1, Objective 1,2,3,4</i>	Federal Approval	Yes	Yes	Yes	Yes	Yes
Percent of tobacco administrative costs & positions compared total tobacco program costs <i>Goal 1, Objective 1,2,3,4</i>	Expenditure reports	0.5%	0.5%	0.5%	0.5%	0.5%

# STRATEGIC PLAN

<b>Agency Name</b>	DHS Division of Medical Services
<b>Program</b>	Tobacco Settlement Medicaid Expansion Program

<b>DESCRIPTION</b> (Indicate the Goal and Objective to which applicable)	<b>METHODS AND SOURCES USED OBTAINING DATA</b>	<b>FISCAL YEAR 2005</b>	<b>FISCAL YEAR 2006</b>	<b>FISCAL YEAR 2007</b>	<b>FISCAL YEAR 2008</b>	<b>FISCAL YEAR 2009</b>
Unduplicated number of adults aged 19-64 receiving a limited benefit package through the Tobacco Settlement (not implemented) <i>Goal 1, Objective 4</i>	Use of Decision Support System (DSS) to obtain information regarding recipients	TBD	TBD	TBD	TBD	TBD
Fully participate in the strategic planning and measurement program of the Arkansas Tobacco Settlement Commission <i>Goal 1, Objective 1,2,3,4</i>	# reports on Process & Intermediate Outcome Indicators, issued quarterly and/or annually	4 / 1	4 / 1	4 / 1	4 / 1	4 / 1

## NOTE: SUPPLEMENTAL DATA TO BE INCLUDED WITH INTERIM PROGRESS REPORT

- Breakdown of Expenditures by State Category of Service
- Breakdown of Expenditure by Eligibility Aid Category
- Breakdown of Expenditure by County